## Carolina West Wireless, Inc.

## **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, Carolina West Wireless, Inc. ("CWW") submits that, during the reportable period, except for set forth below, there were no material updates to its project description, network design, construction, deployment and maintenance associated with this Study Area Code ("SAC") that was provided by CWW in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

During the reportable period, CWW continued progress toward constructing and deploying its network in the eligible areas associated with this SAC. However, it has encountered issues relating to site acquisition that likely will prevent them from completing construction within the required time frame set forth in the Commission's rules. Therefore, CWW may request additional time to meet the construction requirements for its network in the eligible areas within this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

| 3人等が対策をおかる。 | Fund<br>- §54.1009 Annual Reporting<br>lection Form                             |                                  | FCC Form<br>Approved by OM<br>OMB 3060-118<br>Avg. Burden Estimate per Respondent: 18 Hou | 4B<br>35 |
|-------------|---|----------------------------------|---|----------|
| <010>       | Study Area Code   | 238037                           | Accepted / File   | ad       |
| <015>       | Study Area Name   | Carolina West Wireless, Inc.     | 7 F 3 2 7 F 110   | _        |
| <020>       | Program Year  | 2016                             | JUN 23 2016   | _        |
| <030>       | Contact Name: Person USAC should contact with questions about this data         | Todd Slamowitz                   | Federal Communications Comm<br>Office of the Secretary                                    | Ission   |
| <035>       | Contact Telephone Number:<br>Number of the person identified in data line <030> | 7035848678 ext.                  |   |          |
| <039>       | Contact Email:<br>Email of the person identified in data line <030>             | tslamowitz@fcclaw.com            |   |          |
| 2442 MANASA |   | 3553                             |   |          |
| <040>       | Has the information required pursuant to §54.1009                               | been provided with a Form 481 fi | filing (Y/N) <040>  |          |
|             | <041> Attach a description of the documents fil                                 | ed with the Form 481 reporting   | <041>   |          |
|             | <042> Cite the Study Area Code (SAC) for the Fo                                 | orm 481 reporting                | <042>   |          |
|             |   |                                  |   |          |

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| (050) Carr              | ler Contact Form  |   |                                       | FCC Form 690 Approved by QMB QMB Control No. 3060-1185 Page 2 of 8 |
|-------------------------|---|---|---------------------------------------|--|
| <010>                   | Study Area Code   |   | 238037                                |  |
| <015>                   | Study Area Name   |   | Carolina West Wireless, Inc.          |  |
| <020>                   | Program Year  |   | 2016                                  |  |
| <030>                   | Contact Name - Person USAC should contact regarding to  | this data   | Todd Slamowitz                        |  |
| <035>                   | Contact Telephone Number - Number of person identifi  | <del></del>   | 7035848678 ext.                       |  |
| <039>                   | Contact Email Address - Email Address of person identif   | ied in data line <030>  | tslamowitz@fcclaw.com                 |  |
| Reporting               | Carrier / Mobility Fund Phase 1 Winning Bidder  |   |                                       |  |
| <110>                   | FCC Registration Number   | 1940022   |                                       |  |
| <111>                   | Filing Carrier Name   | Carolina West Wirel   | ess Inc                               |  |
| <112>                   | Winning Bidder Carrier Name   |   |                                       |  |
| <113>                   | Street Address (or PO Box)  | Carolina West Wirel   |                                       |  |
|                         |   | 1307 Curtis Bridge<br>Wilkesboro  | ROMO                                  |  |
| <114>                   | City  |   |                                       |  |
| <115>                   | State   | NC  |                                       |  |
| <116>                   | Zip-Code  | 28697   |                                       |  |
| <117>                   | Telephone Number  | 3369735000 ext.   |                                       |  |
| <118>                   | Fax Number  | 3368387550  |                                       | _  |
| <119>                   | Email Address   | slaytons@carolinawe   | st.com                                |  |
| <120> <121> <122> <123> | formation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City | Slavton S. Stewart Carolina West Wirele 1307 Curtis Bridge I Wilkesboro |                                       |  |
| <124>                   | State   | NC  |                                       |  |
| <125>                   | Zip-Code  | 28697   |                                       |  |
| <126>                   | Telephone Number  | 3369735000 ext.   |                                       |  |
| <127>                   | Fax Number  | 3368387550  |                                       |  |
| <128>                   | Email Address   | slaytons@carolinawes  | st.com                                |  |
|                         |   |   | ······                                |  |
| Authorize               | d Agent Information  if no agent, indicate in this box  |   |                                       |  |
| <130>                   | Name (First, MI, Last, Suffix)  | Todd Slamowitz  |                                       |  |
| <131>                   | Company   | Lukas, Nace, Gutierr  | rez & Sachs, LLP                      |  |
| <132>                   | •   | 8300 Greensboro Driv  | · · · · · · · · · · · · · · · · · · · |  |
| <133>                   | Cit.  |   |                                       |  |
| <134>                   | State   | McLean  |                                       |  |
|                         | <del>-</del>  | VA  |                                       |  |
| <135>                   | - ·   | 22102   |                                       |  |
| <136>                   | Telephone Number  | 7035848678 ext.   |                                       |  |
| <137>                   | Fax Number  | 7035848696  |                                       |  |
| <138>                   | Email Address   | tslamowitz@fcclaw.co  | om                                    |  |

| <015>    | Study Area Name               | Carolina West Wireless, Inc.                                |    |
|----------|-------------------------------|---|----|
| <010>    | Study Area Code               | 238037  |    |
|          |                               | Ap proved by OMB<br>OMB Control No. 3060-111<br>Page 3 of 8 | 35 |
| (060) Co | verage and Performance Report | FCC Form 690  |    |

| <015> | Study Area Name   | Carolina West Wireless, Inc. |
|-------|---|------------------------------|
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |
| <140> | Coverage and Performance Report Year 01/2015 - 12/2015                        |                              |

060\_Coverage and Performance Report (Unconsructed).zip

Coverage and Performace attachments

| <141> | <a1></a1> | <32>   | <a3></a3>       | <b1></b1>                  | <b2></b2>     | <b3></b3>   | <c1></c1>                               | <c2></c2>                                     | <c3></c3>   | <d>&gt;</d>   |
|-------|-----------|--------|-----------------|----------------------------|---------------|---|---|---|---|---|
|       | State     | County |                 | Resident<br>Population per | Newly Reached | Total Resident<br>Population<br>Reached by<br>Service | Road<br>Miles<br>per<br>Census<br>Block | Road<br>Miles per<br>Census<br>Block<br>Newly | Total<br>Road<br>Miles<br>covered<br>per<br>Census<br>Block | Certify that<br>Coverage and<br>Performance data<br>is uploaded<br>(Yes/no) |
|       |           |        |                 |                            |               |   |   |   |   |   |
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|       |           |        |                 |                            | ) 44 I-       |   | 1                                       | ļ   |   |   |
|       |           |        |                 | 3                          | ee attach     | <u>ea worksi</u>                                      | neet                                    |   |   |   |
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|                                |  |   |  | FCC Form 690   |
| (070) Urban Rate Comparability | / Certification Compliance   |   |  | PUL POUIII 090   |
|                                |  |   |  |  |
|                                |  |   |  | Approved by OMB  |
|                                |  |   |  |  |
|                                |  |   |  | OMB Control No. 3060-1185  |
|                                |  |   |  |  |
|                                |  |   |  | Page 4 of 8  |
|                                | THE SHOULD HE SHOW THE SHOW TH | AUGUNUUMAN KATATAAN KATUUMAN MAHAMAAN KATATAAN KATATAAN KATATAAN KATATAAN KATATAAN KATATAAN KATATAAN KATATAAN | kalitanteikes, iki kastaantaistentistississi kiriki isti sii kalit | estan - interpressionalisticalisticalisticalisticalisticalisticalisticalisticalisticalisticalisticalisticalist |

| <010> | Study Area Code   | 238037                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)   |                  |                                |                 |  |  |
|--|------------------|--------------------------------|-----------------|--|--|
| certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.                          |                  |                                |                 |  |  |
| Name of Reporting Carrier:   |                  |                                |                 |  |  |
| Signature of Authorized Officer:   | CERTIFIED ONLINE |                                | Date 06/23/2016 |  |  |
| Printed name of Authorized Officer:  | Thad Southers    |                                |                 |  |  |
| Title or position of Authorized Officer:   | CFO              |                                |                 |  |  |
| Telephone number of Authorized Officer:  | 3369735090 ext.  |                                |                 |  |  |
| Study Area Code of Reporting Carrier:  |                  | Filing Due Date for this form: |                 |  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |                  |                                |                 |  |  |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| carrier. I also certify that I am an off | s, Nace, Gutierrez & Sachs, LLP<br>cer or employee of the reporting carrier; m<br>my knowledge, the reports and data provid | y responsibilities include ensu | submit the information reported on behalf of the reporting<br>ring compliance with 47 CFR §54.1009(a)(4) reported to the<br>ccurate. |
|--|---|---------------------------------|--|
| Name of Authorized Agent:                | Lukas, Nace, Gutierrez & Sach   | s, LLP                          |  |
| Name of Reporting Carrier:               | Carolina West Wireless, Inc.  |                                 |  |
| Signature of Authorized Officer or Em    | oloyee:   |                                 | Date:  |
| Printed name of Authorized Officer or    | Employee:   |                                 |  |
| Title or position of Authorized Officer  | or Employee:  |                                 |  |
| Telephone number of Authorized Offi      | cer or Employee:  |                                 |  |
| Study Area Code of Reporting Carrier:    | 238037  | Filing Due Date for this form:  | 07/01/2016   |
|  | tements on this form can be punished by fine or fo  |                                 | Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment   |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| l, as agent for the reporting carrier, certify that I am authorized at a provided by the reporting carrier; and, to the best of m |                                     |            | provided the data reported herein based on |
|---|-------------------------------------|------------|--|
| Name of Reporting Carrier:  | Carolina West Wireless, Inc.        |            |  |
| Name of Authorized Agent Firm:  | Lukas, Nace, Gutierrez & Sachs, LLP |            |  |
| Signature of Authorized Agent or Employee of Agent:   |                                     |            | Date: 06/17/2016                           |
| Name of Authorized Agent Employee:  | Todd Slamowitz                      |            |  |
| itle or position of Authorized Agent or Employee of Agent   | FCC Legal Counsel                   |            |  |
| elephone number of Authorized Agent or Employee of Agen   | t: 7035848678 ext.                  | _          |  |
| Study Area Code of Reporting Carrier: 238037  | Filing Due Date for this form:      | 07/01/2016 |  |

| (080) Triba    | l Lands Reporting  |                  |                                      | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 |
|----------------|--|------------------|--------------------------------------|--|
|                |  |                  |                                      | Page 5 of 8  |
| <010>          | Study Area Code  |                  | 238037                               |  |
| <015>          | Study Area Name  |                  | Carolina West Wireless, Inc.         |  |
| <020>          | Program Year   | hia data         | 2016                                 |  |
| <030><br><035> | Contact Name - Person USAC should contact regarding t<br>Contact Telephone Number - Number of person identific |                  | Todd Slamowitz  030> 7035848678 ext. |  |
| <039>          | Contact Email Address - Email Address of person identifi   |                  |                                      |  |
| <142>          | State  |                  |                                      |  |
|                |  |                  |                                      |  |
|                |  |                  |                                      |  |
|                |  |                  |                                      |  |
| <143>          | County   |                  |                                      |  |
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| .4.44.         | Tribal Landia) an unhigh FTC Conses  |                  |                                      |  |
| <144>          | Tribal Land(s) on which ETC Serves   |                  |                                      |  |
|                |  |                  |                                      |  |
|                |  |                  |                                      |  |
|                | - 11 LO  |                  |                                      |  |
| <145>          | Tribal Government Engagement Obligation  | Name of Attaches | d Document (.pdf)                    |  |
|                |  | Name of Attached | a bocament (.pay)                    |  |
|                |  |                  |                                      |  |
|                |  |                  |                                      |  |
|                |  |                  |                                      |  |
|                |  |                  |                                      |  |
|                | If your company serves Tribal lands, please select (Yes,   | No, Not Applicat | ole) for                             |  |
|                | each of these boxes to confirm the status described on   |                  |                                      |  |
|                | PDF, on line 145, demonstrates coordination with the T   | ribal            |                                      |  |
|                | government pursuant to § 54.1004 includes:   |                  |                                      |  |
|                |  |                  |                                      |  |
|                |  |                  | Sologt                               |  |
|                |  |                  | Select<br>(Yes, No, Not Applicable)  |  |
| <146>          | Needs assessment and deployment planning with a foo  | us on Tribal     | (1.55) (15) (15) (15)                |  |
|                | community anchor institutions;   |                  |                                      |  |
| <147>          | Feasibility and sustainability planning;   |                  |                                      |  |
| <148>          | Marketing services in a culturally sensitive manner;   |                  |                                      |  |
| <149>          | Compliance with Rights of way processes  |                  |                                      |  |
| <150>          | Compliance with Land Use permitting requirements   |                  |                                      |  |
| <151>          | Compliance with Facilities Siting rules  |                  |                                      |  |
| <152>          | Compliance with Environmental Review processes   |                  |                                      |  |
| <b>ノエコム</b>    | Compliance with Environmental Review processes   |                  | 1                                    |  |

<153>

Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

| (0 <b>90) Proje</b> ct | t Update Information  | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 |
|------------------------|---|--|
|                        |   | Page 6 of 8  |
| 242                    |   |  |
| <010>                  | Study Area Code   | 238037   |
| <015>                  | Study Area Name   | Carolina West Wireless, Inc.                           |
| <020>                  | Program Year  | 2016   |
| <030>                  | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz   |
| <035>                  | Contact Telephone Number - Number of person identified in data line <030>     |  |
| <039>                  | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com                                  |
| <200>                  | Date Authorized to Receive Support  | 07/18/2013   |
| <201>                  | Targeted Completion Date  | 07/19/2016   |
| <202>                  | Total Mobility Fund Support Awarded   |  |
| <203>                  | Total Mobility Fund Support Disbursed   |  |
|                        |   |  |
| <210>                  | Actual Completion Date  |  |
| 1210                   | Actual Completion Date  |  |
| <211>                  | Project Status Description (attached)   | 211_PSD_NC.pdf   |
|                        | (41000)   |  |
|                        |   |  |
|                        |   | {Name of PDF attached}                                 |
|                        | Please check these boxes below to confirm that the attached PDF, on line      |  |
|                        | 211, contains a project status pursuant to §54.1005(b)(2)(v). The information |  |
|                        | shall be submitted as appropriate.  |  |
| <212>                  | Status of Network Deployment - Network Design                                 |  |
| <213>                  | Status of Network Deployment - Construction                                   |  |
| <214>                  | Status of Network Deployment - Deployment                                     |  |
| <215>                  | Status of Network Deployment - Maintenance                                    | <b>√</b>   |
| <216>                  | Project Budget Status   | <b>✓</b>   |
| <217>                  | Project Plan Status   | <b>✓</b>   |
| <218>                  | Network will Support 3G/4G Mobile Service ?                                   | ) 3G <b>(</b> 4G                                       |

| (101) Certification - Reporting Carr | er<br>Table |   | FCC Form 690<br>Approved by OMB          |
|--------------------------------------|-------------|---|--|
|                                      |             | ACCEPTANCE OF THE PROPERTY OF | OMB Control No. 3060-1185<br>Page 7 of 8 |

| <010> | Study Area Code   | 238037                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

| certify that I am an officer of the repo | I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the |                 |  |  |  |  |  |
|--|--|-----------------|--|--|--|--|--|
| •  | reported on this form and in any attachments is accurate.  |                 |  |  |  |  |  |
| Name of Reporting Carrier:               |  |                 |  |  |  |  |  |
| Signature of Authorized Officer:         | CERTIFIED ONLINE   | Date 06/23/2016 |  |  |  |  |  |
| Printed name of Authorized Officer:      | Thad Southers  |                 |  |  |  |  |  |
| Title or position of Authorized Officer: | CFO  |                 |  |  |  |  |  |
|  | 3369735090 ext.  |                 |  |  |  |  |  |

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| PAGE 1                                 |                           |
|--|---------------------------|
| (102) Certification - Agent / Carrier  |                           |
| (tros) certification - Agent / Carrier | FCC Form 690              |
|  |                           |
|  | Approved by OMB           |
|  |                           |
|  | OMB Control No. 3060-1185 |
|  |                           |
|  | Page 8 of 8               |

| <010> | Study Area Code   | 238037                       |
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| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) Lukas, Nace, Gutierrez & Sachs, L<br>also certify that I am an officer of the reporting carrier; my responsibili | ities include ensuring the accuracy of the data reporting requirements provided to the authorized  |
|---|--|
| agent; and, to the best of my knowledge, the reports and data provided  | d to the authorized agent is accurate.   |
| Name of Authorized Agent: Lukas, Nace, Gutierrez & Sachs, LLP   |  |
| Name of Reporting Carrier: Carolina West Wireless, Inc.   |  |
| Signature of Authorized Officer:  | Date:  |
| Printed name of Authorized Officer:   |  |
| Title or position of Authorized Officer:  |  |
| Telephone number of Authorized Officer:   |  |
| Study Area Code of Reporting Carrier: 238037  | Filing Due Date for this form: 07/01/2016  |
|   | by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment as 18 of the United States Code, 18 U.S.C. § 1001. |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File for Mobility Fund Recipients on Be   | chalf of Reporting Carrier |
|--|----------------------------|
| as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipien<br>eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the informa |                            |
| ame of Reporting Carrier: Carolina West Wireless, Inc.   |                            |
| ame of Authorized Agent Firm: Lukas, Nace, Gutierrez & Sachs, LLP  |                            |
| ignature of Authorized Agent or Employee of Agent:   | Date: 06/17/2016           |
| ame of Authorized Agent Employee: Todd Slamowitz   |                            |
| itle or position of Authorized Agent or Employee of Agent FCC Legal Counsel  |                            |
| elephone number of Authorized Agent or Employee of Agent: 7035848678 ext.  |                            |
| tudy Area Code of Reporting Carrier: 238037 Filing Due Date for this form:   | 07/01/2016                 |

# **Attachments**

|                                      | (A)                          |  |                          |  |
|--------------------------------------|--|--|--------------------------|--|
| INENI Farmence and Darkermanna Bana. |  | ***************************************          |                          |  |
| (060) Coverage and Performance Repor |  |  |                          | FCC Form 690   |
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| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |
| <140> | Coverage and Performance Report Year  | 01/2015 - 12/2015            |

<141>

| <a1></a1> | <a2></a2> | <b>(48)</b>  | <b1></b1>                                  | <b2></b2>   | <b3></b3>   | ≪t> <sup>1</sup> :                | <c2></c2>  | <c3></c3>  | ু ব্য   |
|-----------|-----------|--------------|--|---|---|-----------------------------------|--|--|---|
| State     | County    | Census Block | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road Miles<br>per Census<br>Block | Road Miles<br>per Census<br>Block Newly<br>Reached | Total Road<br>Miles<br>covered per<br>Census Block | Certify that<br>Coverage and<br>Performacne<br>data is uploaded<br>(yes/no) |
| NC        | Watauga   | 0000         | 0  | 0   | 0   | 0.0                               | 0.0  | 0.0  | Yes   |
| NC NC     |           |              |  |   |   | 0.0                               | 0.0  |  |   |
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|           |           | A            |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  | ·  |   |
|           |           |              |  |   |   |                                   |  | ,  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   | <del></del>  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
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|           |           |              |  |   |   |                                   |  |  |   |

Percentage of Total
Percentage of Total
Road Miles covered
by Service

Percentage of Total
Road Miles covered
by Service

# **FCC FORM 690**

# (060) COVERAGE AND PERFORMANCE REPORT

Carolina West Wireless, LLC did not complete any drive tests with respect to the SAC associated with this filing during the reportable period.

### Carolina West Wireless, Inc.

# **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, <sup>1</sup> Carolina West Wireless, Inc. ("CWW") submits that, during the reportable period, there were no material updates to its project description, network design, construction, deployment and maintenance associated with this Study Area Code ("SAC") that was provided by CWW in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

During the reportable period, CWW continued to construct and deploy its network in the eligible areas associated with this SAC. It anticipates that it will submit its drive testing data in conjunction with its request for final disbursement no later than July 19, 2016.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

| Transmission                            |  |  |                     |  |
|---|--|--|---------------------|--|
| 100000000000000000000000000000000000000 | Fund<br>- §54.1009 Annual Reporting<br>lection Form                                    |  | Avg. Burde          | Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours |
| <010>                                   | Study Area Code  | 238038   |                     | Accepted / Filed   |
| <015>                                   | Study Area Name  | Carolina West Wireless, Inc.   |                     | JUN 23 2016  |
| <020>                                   | Program Year   | 2016   |                     | Fadoral Communication  |
| <030>                                   | Contact Name: Person USAC should contact with questions about this data                | Todd Slamowitz   | ole-                | Federal Communications Commission Office of the Secretary          |
| <035>                                   | Contact Telephone Number:<br>Number of the person identified in data line <030>        | 7035848678 ext.  |                     |  |
| <039>                                   | Contact Email:<br>Email of the person identified in data line <030>                    | tslamowitz@fcclaw.com  |                     |  |
| 40 ii 8111011/54                        | uuntunassa vistumuussa seesta 2 maanuunossa sakuunuussa seesta vastuuntuva saanassa sa | unumanessee 3. 1888 288 888 muutuuta ka 1888 1888 1888 1888 1888 1888 1888 | MANAKSASHASHASISSES | 3.2530.02550.0000.55454530.0000.0000.0000.0000.00                  |
| <040>                                   | Has the information required pursuant to §54.1009                                      | been provided with a Form 481 filing (Y/N                                  | 1 <040>             | •  |
|   | <041> Attach a description of the documents fil  | ed with the Form 481 reporting   | <041>               |  |
|   | <042> Cite the Study Area Code (SAC) for the Fo  | rm 481 reporting   | <042>               |  |
| <080>                                   | Tribal Lands Reporting (y/n?) (Does this study area cov                                | er tribal lands? Yes or No)  | 0                   | •  |

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

|                 |  |                         | (CST)                        |  |
|-----------------|--|-------------------------|------------------------------|--|
| (050) Can       | ier Contact Form                                       |                         |                              | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8 |
| <010>           | Study Area Code  |                         | 238038                       |  |
| <015>           | Study Area Name  |                         | Carolina West Wireless, Inc. |  |
| <020>           | Program Year   |                         | 2016                         |  |
| <030>           | Contact Name - Person USAC should contact regarding    | this data               | Todd Slamowitz               |  |
| <035>           | Contact Telephone Number - Number of person identif    |                         | 7035848678 ext.              |  |
| <039>           | Contact Email Address - Email Address of person identi | fied in data line <030> | tslamowitz@fcclaw.com        |  |
| Reporting       | Carrier / Mobility Fund Phase 1 Winning Bidder         |                         |                              |  |
| <110>           | FCC Registration Number                                | 1940022                 |                              |  |
| <111>           | Filing Carrier Name                                    | Carolina West Wirel     | ess. Inc.                    |  |
| <112>           | Winning Bidder Carrier Name                            | Carolina West Wirel     |                              |  |
| <113>           | Street Address (or PO Box)                             | 1307 Curtis Bridge      |                              |  |
| <114>           | City   | Wilkesboro              |                              |  |
| <115>           | State  |                         |                              |  |
| <116>           | Zip-Code   | NC                      |                              |  |
| <117>           | Telephone Number                                       | 28697                   |                              |  |
| <118>           | Fax Number   | 3369735000 ext.         |                              |  |
| <119>           | Email Address  | 3368387550              |                              |  |
| <b>\113&gt;</b> | Linaii Address   | slaytons@carolinawe     | st.com                       |  |
|                 | if same as above, indicate in this box                 |                         |                              |  |
| <120>           | Name (First, MI, Last, Suffix)                         | Slayton S. Stewart      |                              |  |
| <121>           | Filing Carrier Name                                    | Carolina West Wirele    | ess, Inc.                    |  |
| <122>           | Street Address (or PO Box)                             | 1307 Curtis Bridge F    | Road                         |  |
| <123>           | City   | Wilkesboro              |                              |  |
| <124>           | State  | NC                      |                              |  |
| <125>           | Zip-Code   | 28697                   |                              |  |
| <126>           | Telephone Number                                       | 3369735000 ext.         |                              |  |
| <127>           | Fax Number   | 3368387550              |                              |  |
| <128>           | Email Address  | slaytons@carolinawes    | st.com                       |  |
|                 |  |                         |                              |  |
| A               | d Annua Information                                    |                         |                              |  |
| Authorize       | d Agent Information if no agent, indicate in this box  |                         |                              |  |
| <130>           | Name (First, MI, Last, Suffix)                         | Todd Slamowitz          |                              |  |
| <131>           | Company  | Lukas, Nace, Gutierr    | ez & Sachs, LLP              |  |
| <132>           | Street Address (or PO Box)                             | 8300 Greensboro Driv    |                              |  |
| <133>           | City   |                         |                              |  |
| <134>           | State  | McLean                  |                              |  |
| <135>           |  | VA                      |                              | · · · · · · · · · · · · · · · · · · ·                              |
|                 | Zip-Code   | 22102                   |                              |  |
| <136>           | Telephone Number                                       | 7035848678 ext.         |                              |  |
| <137>           | Fax Number   | 7035848696              |                              |  |
| <138>           | Email Address  | tslamowitz@fcclaw.co    | om                           |  |
|                 |  |                         |                              |  |

| (060) Coverage and Performance Report |        | FCC Form 690<br>Ap proved by OMB |
|---------------------------------------|--------|----------------------------------|
|                                       |        | OMB Control No. 3060-1185        |
|                                       |        | Page 3 of 8                      |
|                                       | 238038 |                                  |

| <010> | Study Area Code   | 238038                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |
| <140> | Coverage and Performance Report Year 01/2015 - 12/2015                        |                              |

060\_Coverage and Performance Report (Unconsructed).zip

Coverage and Performace attachments

| <141> | <a1>  </a1> | <a2></a2> | <a3></a3> | <b1></b1>                  | <b2></b2>   | <b3></b3>                                  | <c1></c1>                               | <c2> "</c2>  | <c3></c3>   | <d>&gt;</d>   |
|-------|-------------|-----------|-----------|----------------------------|---|--|---|--|---|---|
|       | State       | County    |           | Resident<br>Population per | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by | Road<br>Miles<br>per<br>Census<br>Block | Road<br>Miles per<br>Census<br>Block<br>Newly<br>Reached | Total<br>Road<br>Miles<br>covered<br>per<br>Census<br>Block | Certify that<br>Coverage and<br>Performance data<br>is uploaded<br>(Yes/no) |
|       |             |           |           | (                          | ee attach   | ed works                                   | neet                                    |  |   |   |
|       |             |           |           |                            |   |  |   |  |   |   |

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| Percentage of Total   |   | Percentage of Total | i |
| Population Reached by |   | Road Miles covered  |   |
| Service               |   | by Service          |   |

|     | Various United Party Commonwealthing Contribution Committees Commi |
|-----|--|
|     | (070) Urban Rate Comparability Certification Compliance FCC Form 690   |
|     | (or of order than the property of the property |
|     | Approved by OMB  |
|     | pppinted one   |
|     |  |
|     | OMB Control No. 3060-1185  |
| - 8 | Cano activation of the contract of the contrac |
|     |  |
|     | Page 4 of 8  |
|     |  |
|     |  |

| <010> | Study Area Code   | 238038                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
|       | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| C   | ertification of Officer or Employee as to Compliand | e with 47 CFR §54.1009(a)(4) |  |  |  |
|---|---|------------------------------|--|--|--|
| certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate. |   |                              |  |  |  |
| Name of Reporting Carrier:  |   |                              |  |  |  |
| Signature of Authorized Officer:  | CERTIFIED ONLINE                                    | Date 06/23/2016              |  |  |  |
| Printed name of Authorized Officer:   | Thad Southers                                       |                              |  |  |  |
| Title or position of Authorized Officer:  | СРО   |                              |  |  |  |
| Telephone number of Authorized Officer:   | 3369735090 ext.                                     |                              |  |  |  |
| Study Area Code of Reporting Carrier:   | Filing Due Date fo                                  | this form:                   |  |  |  |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| Certification of O              | fficer or Employee to authorize an Agent to              | file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier   |
|---------------------------------|--|---|
| I certify that (Name of Agent)_ | Lukas, Nace, Gutierrez & Sachs, LLP                      | is authorized to submit the information reported on behalf of the reporting<br>ry responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the |
| Name of Authorized Agent:       | Lukas, Nace, Gutierrez & Sac                             |   |
| Name of Reporting Carrier:      | Carolina West Wireless, Inc.                             |   |
| Signature of Authorized Officer | or Employee:   | Date:   |
| Printed name of Authorized Of   | ficer or Employee:                                       |   |
| Title or position of Authorized | Officer or Employee:                                     |   |
| Telephone number of Authoriz    | ed Officer or Employee:                                  |   |
| Study Area Code of Reporting    | Carrier: 238038  | Filing Due Date for this form: 07/01/2016   |
|                                 | false statements on this form can be punished by fine or | forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment<br>e United States Code, 18 U.S.C. § 1001.                             |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

| I, as agent for the reporting carrier, certify that I am authorized | to submit the certification on behalf of the reporti | ng carrier: I have prov | ided the data reported herein based on |
|---|--|-------------------------|--|
| data provided by the reporting carrier; and, to the best of my k    | nowledge, the information reported herein is accur   | ate.                    | •                                      |
|   | arolina West Wireless, Inc.                          |                         |  |
|   | ukas, Nace, Gutierrez & Sachs, LLP                   |                         |  |
| Signature of Authorized Agent or Employee of Agent:                 |  |                         | Date: 06/17/2016                       |
| Name of Authorized Agent Employee:                                  | Todd Slamowitz                                       |                         |  |
| Title or position of Authorized Agent or Employee of Agent          | FCC Legal Counsel                                    |                         |  |
| Telephone number of Authorized Agent or Employee of Agent:          | 7035848678 ext.                                      |                         |  |
| Study Area Code of Reporting Carrier: 238038                        | Filing Due Date for this form:                       | 07/01/2016              |  |

| (080) Triba | Lands Reporting  |                     |                              | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8 |
|-------------|--|---------------------|------------------------------|--|
| <010>       | Study Area Code  |                     | 238038                       |  |
| <015>       | Study Area Name  |                     | Carolina West Wireless, Inc. |  |
| <020>       | Program Year   |                     | 2016                         |  |
| <030>       | Contact Name - Person USAC should contact regarding t  |                     | Todd Slamowitz               |  |
| <035>       | Contact Telephone Number - Number of person identifie<br>Contact Email Address - Email Address of person identifi  |                     | 0205                         |  |
| <039>       | Contact Email Address - Email Address of person identifi   | eu iii uata iirie < | U3U> tslamowitz@fcclaw.com   |  |
| <142>       | State  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
| <143>       | County   |                     |                              |  |
|             | -  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
| <144>       | Tribal Land(s) on which ETC Serves   |                     |                              |  |
| \ <u>1</u>  | - This cand (s) on which are selves  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
| <145>       | Tribal Government Engagement Obligation  |                     | 12                           |  |
|             |  | Name of Attached    | ι Documenτ (.paj)            |  |
|             | *  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             |  |                     |                              |  |
|             | If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Tigovernment pursuant to § 54.1004 includes: | he attached         | ole) for                     |  |
|             |  |                     |                              |  |
|             |  |                     | Select                       |  |
|             |  |                     | (Yes, No, Not Applicable)    |  |
| <146>       | Needs assessment and deployment planning with a foo  | us on Tribal        | ( so, re, ret depresse)      |  |
|             | community anchor institutions;   |                     |                              |  |
| <147>       | Feasibility and sustainability planning;   |                     |                              |  |
| <148>       | Marketing services in a culturally sensitive manner;   |                     |                              |  |
|             |  |                     |                              |  |
| <149>       | Compliance with Rights of way processes  |                     |                              |  |
| <150>       | Compliance with Land Use permitting requirements   |                     | <b> </b>                     |  |
| <151>       | Compliance with Facilities Siting rules  |                     |                              |  |
| <152>       | Compliance with Environmental Review processes   |                     |                              |  |

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

| (090) Project                               | Update information  | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8   |
|---|---|--|
| 3.56.06.30.000.000.000.000.000.000.000.000. |   | enemmusiksumaantassi. Masaamaannan karaanaannan karaan karaan keessa keessa karaan karaan karaan karaan karaan |
| <010>                                       | Study Area Code   | 238038   |
| <015>                                       | Study Area Name   | Carolina West Wireless, Inc.   |
| <020>                                       | Program Year  | 2016   |
| <030>                                       | Contact Name - Person USAC should contact regarding this data   | Todd Slamowitz   |
| <035>                                       | Contact Telephone Number - Number of person identified in data line <030>   | 7035848678 ext.  |
| <039>                                       | Contact Email Address - Email Address of person identified in data line <030>   | tslamowitz@fcclaw.com  |
| <200>                                       | Date Authorized to Receive Support  | 07/18/2013   |
| <201>                                       | Targeted Completion Date  | 07/19/2016   |
| <202>                                       | Total Mobility Fund Support Awarded   |  |
| <203>                                       | Total Mobility Fund Support Disbursed   |  |
| <210>                                       | Actual Completion Date  |  |
| <211>                                       | Project Status Description (attached)   | 211_PSD_NC.pdf   |
|   |   | {Name of PDF attached}   |
|   | Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. |  |
| <212>                                       | Status of Network Deployment - Network Design   |  |
| <213>                                       | Status of Network Deployment - Construction   | ✓  |
| <214>                                       | Status of Network Deployment - Deployment   | 1  |
| <215>                                       | Status of Network Deployment - Maintenance  | <u> </u>   |
| <216>                                       | Project Budget Status   | <b>✓</b>   |
| <217>                                       | Project Plan Status   |  |
| <218>                                       | Network will Support 3G/4G Mobile Service ?   | ) 3G <b>(</b> ) 4G   |

| (101) Certification - Reporting Carrier FCC Form 690 |              |
|--|--------------|
| Approved by ON                                       | ИB:          |
| OMB Control No                                       | 5. 3060-1185 |
| Page 7 of 8  |              |

| <010> | Study Area Code   | 238038                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

| ertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate. |                    |                 |  |  |  |  |  |
|--|--------------------|-----------------|--|--|--|--|--|
| Name of Reporting Carrier:   |                    |                 |  |  |  |  |  |
| Signature of Authorized Officer:   | CERTIFIED ONLINE   | Date 06/23/2016 |  |  |  |  |  |
| rinted name of Authorized Officer:   | Thad Southers      |                 |  |  |  |  |  |
| itle or position of Authorized Officer:  | CFO                |                 |  |  |  |  |  |
| elephone number of Authorized Officer  | 3369735090 ext.    |                 |  |  |  |  |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date fo | or this form:   |  |  |  |  |  |

|                                       | FCC Form 690               |
|---------------------------------------|----------------------------|
| (102) Certification - Agent / Carrier | FUL FORM 090               |
|                                       |                            |
|                                       | Approved by OMB            |
|                                       |                            |
|                                       | OMB Control No. 3060-1185  |
|                                       | CHAID COURTON AGO COCOLAGO |
|                                       |                            |
|                                       | Page 8 of 8                |

| <010> | Study Area Code   | 238038                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) <u>Lukas</u> , <u>Nace</u> , <u>Gutierrez &amp; Sachs</u> , <u>LLP</u> also certify that I am an officer of the reporting carrier; my responsibilities include agent; and, to the best of my knowledge, the reports and data provided to the auth | is authorized to submit the information reported on behalf of the reporting carrier. I ensuring the accuracy of the data reporting requirements provided to the authorized orized agent is accurate. |
|--|--|
| Name of Authorized Agent: Lukas, Nace, Gutierrez & Sachs, LLP  |  |
| Name of Reporting Carrier: Carolina West Wireless, Inc.  | •  |
| Signature of Authorized Officer:   | Date:  |
| Printed name of Authorized Officer:  |  |
| Title or position of Authorized Officer:   |  |
| Telephone number of Authorized Officer:  |  |
| Study Area Code of Reporting Carrier: 238038 Filing  | Due Date for this form: 07/01/2016   |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authoriz  | ed to File for Mobility Fund Recipients on Beh | alf of Reporting Carrier  |
|--|--|---|
| , as agent for the reporting carrier, certify that I am authori<br>eported herein based on data provided by the reporting ca |  | s on behalf of the reporting carrier; I have provided the data ion reported herein is accurate. |
| Name of Reporting Carrier: Carolina West Wir   | eless, Inc.                                    |   |
| Name of Authorized Agent Firm: Luk   | as, Nace, Gutierrez & Sachs, LLP               |   |
| ignature of Authorized Agent or Employee of Agent:   |  | Date: 06/17/2016  |
| lame of Authorized Agent Employee:   | Todd Slamowitz                                 |   |
| Title or position of Authorized Agent or Employee of Agent   | FCC Legal Counsel                              |   |
|  | nt: 7035848678 ext.                            |   |
| elephone number of Authorized Agent or Employee of Ager  |  |   |

# **Attachments**

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| <010> | Study Area Code   | 238038                       |
|-------|---|------------------------------|
| <015> | Study Area Name   | Carolina West Wireless, Inc. |
| <020> | Program Year  | 2016                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Todd Slamowitz               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7035848678 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | tslamowitz@fcclaw.com        |
| <140> | Coverage and Performance Report Year  | 01/2015 - 12/2015            |

<141>

| <a1></a1> | <=2>    | (43)         | <br><br><                                  | <b2></b2>   | - <b>4</b> 65>  | <ci>&gt;</ci>                     | ⟨æ⟩  | <3>  | ≪d>   |
|-----------|---------|--------------|--|---|---|-----------------------------------|--|--|---|
| State     | County  | Census Block | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road Miles<br>per Census<br>Block | Road Miles<br>per Census<br>Block Newly<br>Reached | Total Road<br>Miles<br>covered per<br>Census Block | Certify that<br>Coverage and<br>Performacne<br>data is uploaded<br>(yes/no) |
| NC        | Watauga | 0000         | 0  | 0   | 0   | 0.0                               | 0.0  | 0.0  | Yes   |
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| Percentage of           |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
| <b>Total Population</b> |  |  |  |  |  |
| Reached by              |  |  |  |  |  |
| Service                 |  |  |  |  |  |

|   | 0 |  |  |  |
|---|---|--|--|--|
|   |   |  |  |  |
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Percentage of Total Road Miles covered by Service

| 0 |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

# FCC FORM 690

# (060) COVERAGE AND PERFORMANCE REPORT

Carolina West Wireless, LLC did not complete any drive tests with respect to the SAC associated with this filing during the reportable period.

# Carolina West Wireless, Inc.

## **Project Status Description**

Pursuant to Section 54.1009(a)(6) of the Commission's rules, <sup>1</sup> Carolina West Wireless, Inc. ("CWW") submits that, during the reportable period, except for set forth below, there were no material updates to its project description, network design, construction, deployment and maintenance associated with this Study Area Code ("SAC") that was provided by CWW in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

During the reportable period, CWW continued progress toward constructing and deploying its network in the eligible areas associated with this SAC. However, it has encountered issues relating to site acquisition that likely will prevent them from completing construction within the required time frame set forth in the Commission's rules. Therefore, CWW may request additional time to meet the construction requirements for its network in the eligible areas within this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).